STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	010234	A. BUILDING: _____ B. WING _____	C 12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WILLOW LAKE	2725 LAKE CIRCLE DR INDIANAPOLIS, IN 46268

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00186097. Complaint IN00186097 Substantiated. No deficiencies related to allegations are cited. Survey Date: December 2, 2015 Facility number: 010234 Provider number: NA AIM number: NA Census bed type: Residential: 58 Total: 58 Census payor type: Other: 58 Total: 58 Sample: 3 These State findings are cited in accordance with 410 IAC 16.2-5. Quality Review completed by 21662 on December 7, 2015.	R 000		